

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012613

STATE FILE NUMBER

FILED MAY 8 1959		Registration District No. 58		Primary Registration District No. 4087		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY CARTER				2. USUAL RESIDENCE, (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CARTER			
b. CITY (If outside corporate limits, give TOWNSHIP only) KELLEY TWP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN VAN BUREN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) RESIDENCE		Length of stay in lb 17 YEARS		d. STREET ADDRESS (If outside, give location) STAR ROUTE		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ETHEL ELIZABETH BROOKS				4. DATE OF DEATH Month Day Year 5-1-59			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2-12-1903	
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (City and state or country) St. Louis, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME GEORGE L. EBERHARDT		13b. MOTHER'S MAIDEN NAME EMMA NAGLE		14. NAME OF HUSBAND OR WIFE DEWEY BROOKS			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT DEWEY BROOKS Address VAN BUREN MO			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Myocarditis & Arteriosclerosis DUE TO (c) and Rheumatoid Arthritis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221						INTERVAL BETWEEN ONSET AND DEATH 1 hour 3 yrs 20 yrs	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 8-3-56 to 5-1-59 and last saw her alive on 4-27-59 Death occurred at 2:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Frank Pucenakis, D.O.		(Degree or title)		22b. ADDRESS Van Buren, Mo.		22c. DATE SIGNED 5-2-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 5-3-59		23c. NAME OF CEMETERY OR CREMATORY LAUREL HILLS		23d. LOCATION (City, town, or county) (State) St. Louis County, MO	
24. FUNERAL DIRECTOR McSpadden		ADDRESS VAN BUREN MO		25. DATE RECD. BY LOCAL REG. May 6-1959		26. REGISTRAR'S SIGNATURE Mrs Octa Tenson	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

CANINE COUNTY
HEALTH CENTER

MAY 12 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4543

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.